



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ~~MASSAGE PARLOR-GENERAL /SC~~

ADDRESS OF BUSINESS: 26889 SIERRA HWY, SANTA CLARITA, CA 91321

TELEPHONE: (661) 251-3689

OWNER OF BUSINESS: FRANCHESTA MARBURY

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MASSAGE ENVY SPA

MAILING ADDRESS: 26889 SIERRA HWY, SANTA CLARITA, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/20/15	ddo
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/27/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/01/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/25/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/13/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/01/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$2158.00

ID # 142610

BUSINESS INFORMATION

Type of Business: Massage Parlor General	Address of Business: 26889 Sierra Hwy. Santa Clarita, CA 91321	
DBA (Business Name): Massage Envy Spa	Business Telephone: (661) 261-3689	
	Mailing Address: 26889 Sierra Hwy Santa Clarita, CA 91321	
Sellers Permit # (State Board of Equalization): 102-219163		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 5/12/2011	Incorporated in the State of: California	
Exact Corporate Name: Marbury - Alter LLC		
Names of Officers	Addresses	Titles
Franchesta Marbury	[REDACTED]	Owner

APPLICANT INFORMATION

Applicant's Full Name: Franchesta Marbury		
Home Address: [REDACTED]		
Home Telephone: N/A	Cell Phone: [REDACTED]	Email address: frankhammonds@yahoo.com
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]		Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8-19-15

Applicant's Signature: [Signature]

Application taken by: [Signature]

Date: 8-19-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26889 SIERRA HWY, SANTA CLARITA, CA 91321**

TELEPHONE: **(661) 251-3689**

OWNER OF BUSINESS: **FRANCHESTA MARBURY**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MASSAGE ENVY SPA**

MAILING ADDRESS: **26889 SIERRA HWY, SANTA CLARITA, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: *We recommend approval at this time.*

SIGNATURE: *D. Hamrich*

DATE: *8/19/15*

08/25/2015 TUE 11:36 FAX 5612861134 --- Linda Trejo

0004/008

Aug 21 2015 17:02 FS 107 5612985044

page 1

08/21/2015 FRI 11:19 FAX 5612861134

0003/006

3232637342

08:48:59 a.m. 08-21-2015

22/22

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 26889 SIERRA HWY, SANTA CLARITA, CA 91321

TELEPHONE: (661) 251-3689

OWNER OF BUSINESS: FRANCHESTA MARGURY

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MASSAGE ENVY SPA

MAILING ADDRESS: 26889 SIERRA HWY, SANTA CLARITA, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 8/21/15

BASIC LICENSE NO. 8438

DATE 08/20/15

IDENTIFICATION NUMBER 142610



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26889 SIERRA HWY, SANTA CLARITA, CA 91321

TELEPHONE: (661) 251-3689

OWNER OF BUSINESS: FRANCHESTA MARBURY

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MESSAGE ENVY SPA

MAILING ADDRESS: 26889 SIERRA HWY, SANTA CLARITA, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3/19/2016

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970


**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26889 SIERRA HWY, SANTA CLARITA, CA 91321**

TELEPHONE: **(661) 251-3689**

OWNER OF BUSINESS: **FRANCHESTA MARBURY**

CAL. DR. LIC.# : 

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MASSAGE ENVY SPA**

MAILING ADDRESS: **26889 SIERRA HWY, SANTA CLARITA, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: approval for massage parlor OTC6-1741

SIGNATURE: 

DATE: 8/21/15

BASIC LICENSE NO. **8430**

DATE **08/20/15**

IDENTIFICATION NUMBER **142610**

✓

15-00972

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ~~MASSAGE PARLOR-GENERAL SC~~

ADDRESS OF BUSINESS: ~~26889 SIERRA HWY, SANTA CLARITA, CA 91321~~

TELEPHONE: (661) 251-3689

OWNER OF BUSINESS: ~~FRANCHESTA MARBURY-Harmon~~

CAL. DR. LIC.#: [REDACTED]

12/21/75

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ~~MASSAGE ENVY SPA~~

MAILING ADDRESS: ~~26889 SIERRA HWY, SANTA CLARITA, CA 91321~~

DATE THAT YOU STARTED BUSINESS: [REDACTED]

PREVIOUS OWNER'S NAME, IF KNOWN: [REDACTED]

THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

APPROVED

SIGNATURE: _____

WJP 534472

DATE: _____

9/25/15